ATTACHMENT 7

Sample Prior Authorization Request Form (PA/RF) for intensive in-home treatment services

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Health Care Financing HCF 11018 (Rev. 06/03) STATE OF WISCONSIN

HFS 106.03(4), Wis. Admin. Code

WISCONSIN MEDICAID PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. Instructions: Type or print clearly. Before completing this form, read your service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

2. Telephone Number — Billing 3. Processing Type	FOR MEDICALD LICE.														
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